# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# **FORM D**



	OMB APPROVAL	
OMB N Expires Estima	05059102	76 )8 )0 —
	CEC COE OTHER	
Prefix	Serial	

	<u>/</u>								
Name of Offering	(☐ check if this is an ame	ndment and name h	as changed, and ind	icate change	e.)				
Private Placemen	nt of Common Shares								
Filing Under (che	eck box(es) that apply):	☐ Rule 504	☐ Rule 505	□ Rule	506	☐ Section 4(	6) 🛮 ULOE		
Type of Filing:	New Filing	☐ Amendment							
		A. BASIC II	DENTIFICATION	DATA					
1. Enter the inform	ation requested about the is	suer							
Name of Issuer (I	check if this is an amend	ment and name has	changed, and indica	te change.)					
ACCRETE ENE	RGY INC.								
Address of Executiv	ve Offices (Number and Stre	et, City, State, Zip	Code)	1	Telephone	Number (Incl	uding Area Code)		
Suite 2100, 500 -	· 4 <sup>th</sup> Avenue SW, Calgai	y Alberta CANA	DA T2P 2V6		(403) 269	-8846			
Address of Principa	l Business Operations (Nur	ber and Street, City	y, State, Zip Code)		Telephone Number (Including Area Code)				
(if different from Ex	recutive Offices)								
same		-							
Brief Description of	f Business Acquisition,	exploration, expl	oitation and deve	elopment o	f oil and i	natural gas.			
Type of Business O	rganization		· · · · ·			(2)	KOCESSED		
	limited partne	rship, already forme	ed 🔲 othe	er (please sp	ecify):	A /			
☐ business trust	limited partne	rship, to be formed				1X			
			Month Year	-		-40	JUL W 1 KUJO		
Actual or Estimated	Date of Incorporation or O	rganization:	0 4 0 4	│ ⊠ Actu	al 🗖 Est	imated	There are an		
Jurisdiction of Incom	rporation or Organization:	Enter two-letter U.S	S. Postal Service abb	oreviation fo	r State:		THOMSON		
		CN for Canada; I	FN for foreign jurisd	liction)		C   N	FINANCIAL		

# GENERAL INSTRUCTIONS

## Federal:

FORM D

2005

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

# State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> </ul>
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>
<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Salamon, Peter
Business or Residence Address (Number and Street, City, State, Zip Code)
Suite 2100, 500 – 4 <sup>th</sup> Avenue SW, Calgary, Alberta CANADA T2P 2V6
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Dobek, Ray
Business or Residence Address (Number and Street, City, State, Zip Code)
Suite 2100, 500 – 4 <sup>th</sup> Avenue SW, Calgary, Alberta CANADA T2P 2V6
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Dalton, Tom
Business or Residence Address (Number and Street, City, State, Zip Code)
Suite 2100, 500 – 4 <sup>th</sup> Avenue SW, Calgary, Alberta CANADA T2P 2V6
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
George, Norm
Business or Residence Address (Number and Street, City, State, Zip Code)  Suite 2100, 500 – 4 <sup>th</sup> Avenue SW, Calgary, Alberta CANADA T2P 2V6
Check Box(es) that Apply: $\square$ Promoter $\square$ Beneficial Owner $\square$ Executive Officer $\boxtimes$ Director $\square$ General and/or Managing Partner
Full name (Last name first, if individual)
Mellum, Brian
Business or Residence Address (Number and Street, City, State, Zip Code)
Suite 500, 815 – 8 <sup>th</sup> Avenue SW, Calgary, Alberta CANADA T2P 3P2
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Poetker, John
Business or Residence Address (Number and Street, City, State, Zip Code)
Suite 1000, 400 – 3 <sup>rd</sup> Avenue SW, Calgary, Alberta CANADA T2P 4H2
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Faircloth, Kenneth

Business or Residence Address (Number and Street, City, State, Zip Code) Suite 2100, 500 - 4th Avenue SW, Calgary, Alberta CANADA T2P 2V6

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer

Full name (Last name first, if individual)

Kanovsky, Michael

Business or Residence Address (Number and Street, City, State, Zip Code)

Suite 2000, 400 – 3<sup>rd</sup> Avenue SW, Calgary, Alberta CANADA T2P 5A6

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

☐ General and/or Managing Partner

<del></del>				B. II	NFORMAT	TION ABO	UT OFFEI	RING				
					11 011111		<u> </u>				Yes	No
1. Has th	ne issuer sol	d, or does t	he issuer in	tend to sell,	to non-accr	edited inve	stors in this	offering?				$\boxtimes$
			Answer al	so in Appen	dix, Colum	n 2, if filing	under ULC	DE.				
2. What	is the minin	num investi	ment that w	ill be accept	ed from an	y individual	?	• • • • • • • • • • • • • • • • • • • •			\$ 1	n/a
											-	
2 5	.1 66 1			c · 1	0						Yes	No
												$\boxtimes$
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If												
										vith a state of		
										ons of such		
broke	r or dealer,	you may se	t forth the i	nformation f	or that brol	ker or dealer	only.					
Full name	(Last name	e first, if ind	lividual)									
GMP Sec	curities, Ltd	l.	***									
				d Street, Cit								
Suite 160	$0,500-4^{th}$	Avenue SV	N, Calgary	, Alberta C	ANADA T	2P 2V6			~			
Name of A	Associated I	Broker or D	ealer									
Griffiths	McBurney	Corp.										
States in V	Which Perso	on Listed H	as Solicited	or Intends t	o Solicit Pu	ırchasers						111.000
(Chec	k "All State	s" or check	individual	States)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
				. ,			. ,					. ,
[RI]	[SC]	[SD]	[TN]	[TX]X	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full name	(Last name	first, if ind	lividual)									
Fraser M	lacKenzie L	∠td.										
Business	or Residenc	e Address (	Number an	d Street, Cit	y, State, Zij	Code)						
Suite 200	, 83 Yonge	Street, Tor	onto, Onta	rio CANAI	OA M5C 18	S8						_
Name of	Associated I	Broker or D	ealer							-		
Griffiths	McBurney	Corp.										
States in \	Which Perso	on Listed H	as Solicited	or Intends t	o Solicit Pu	ırchasers	· <del></del>	·		-		
(Chec	k "All State	s" or check	individual	States)		• • • • • • • • • • • • • • • • • • • •		•••••	•••••			All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]X	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full name	(Last name	first, if ind	lividual)			• "				-		
Salman F	Partners Inc	с.										
				d Street, Cit								
Suite 445	$0,888 - 3^{rd}$	Street SW	, Calgary,	Alberta CA	NADA T2	P 5C5						
Name of	Associated I	Broker or D	ealer									
	McBurney											
				or Intends t								
				States)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID)
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(B1)	(SC)	[GD]	[TN]	ITXIX	(I IT)	(VT)	[VA]	(WA)	rwvi	rwn	(WY)	[PR]

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# **CONTINUED**

## B. INFORMATION ABOUT OFFERING Full name (Last name first, if individual) McFarlane Gordon Inc. Business or Residence Address (Number and Street, City, State, Zip Code) Sutie 900, 26 Wellingston Street East, Toronto, Ontario, CANADA M5E 1S2 Name of Associated Broker or Dealer Griffiths McBurney Corp. States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) ..... All States [DE] [DC] [FL] [GA] [AL] [AK] [AZ] [AR] [CA] [CO] [HI] [ID] [IL] [IN][IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OK] [OR] [OH] [PA] [RI] [SC] [SD] [TN] [TX]X [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full name (Last name first, if individual) **Dundee Securities Corporation** Business or Residence Address (Number and Street, City, State, Zip Code) 4th Floor, 20 Queen Street W, Toronto, Ontario, CANADA M5H 3R3 Name of Associated Broker or Dealer Griffiths McBurney Corp. States in Which Person Listed Has Solicited or Intends to Solicit Purchasers ..... All States (Check "All States" or check individual States) [CO] [CT] [DE] [DC] [FL] [GA] [AL] [AK] [AZ] [AR] [CA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NV] [NH] [NJ] [NM] [NC] [ND] [NE] [NY] [HO] [OK] [OR] [PA]

[VT] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

[VA]

[WA]

[WV]

[WI]

[WY]

[PR]

[UT]

[TX]X

[RI]

[SC]

[SD]

[TN]

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		ggregate ering Price	Am	ount Already Sold
	Debt	\$	0	\$	0
	Equity	\$ 14.	.500,000 <sup>1</sup>	\$	232,000
	☑ Common ☐ Preferred	+	,,,,,,,,,,		
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests		0	\$	0
	Other (Specify)	\$	0	\$	0
	Total		.500.000	\$	232,000
	Answer also in Appendix, Column 3, if filing under ULOE.	<del>,</del>	, ,	·	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				A
		Ir	Number	Do of	Aggregate Illar Amount Purchasers
	Accredited Investors		1	<u>\$</u>	232,000
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE		0	\$	0
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	7	г с	Б.	11
	Type of offering		Type of Security	Do	llar Amount Sold
	Rule 505		n/a	\$	0
	Regulation A		n/a	\$	0
	Rule 504		n/a	\$	0
	Total	-	n/a	\$	0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	
	Legal Fees		$\boxtimes$	\$	50,000
	Accounting Fees			\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)		$\boxtimes$	\$	870,000
	Other Expenses (identify)			\$	
	Total		$\boxtimes$	\$	920,000

 $<sup>^{1}</sup>$  All funds are reflected in Canadian dollars.

	C. OFFERING PRICE	E, NUMBER OF INVESTORS, EXPENSES AND	USE	OF PRO	CEEDS			
Ç	Question 1 and total expenses furnished in	gregate offering price given in response to Part C response to Part C - Question 4.a. This difference	e is		_	\$	13,5	80,000
fo a:	for each of the purposes shown. If the amount of the box to the left of the estimates	gross proceeds to the issuer used or proposed to be use ount for any purpose is not known, furnish an estima nate. The total of the payments listed must equal the thin response to Part C - Question 4.b above.	ate					
		•		Payments Officers, Directors,	3,		Paymer	nte to
				Affiliates			Othe	
S	Salaries and fees			\$	0		\$	0
P	Purchase of real estate			\$	0		\$	0
P	Purchase, rental or leasing and installation $\epsilon$	of machinery and equipment		\$	0		\$	0
	<del>-</del>	nd facilities		\$	0		\$	0
A n	acquisition of other businesses (including t may be used in exchange for the assets or so	the value of securities involved in this offering that ecurities of another issuer pursuant to a merger)						
				\$	0		\$	0
	• •			\$	0		\$	0
V	Norking capital			\$	0	$\boxtimes$	\$ 13	,580,000
Other	r (specify):						\$	0
				\$	0	X	\$ 13	,580,000
Total	Payments Listed (column totals added)			<del></del>		X		,580,000
							<u> </u>	
		D. FEDERAL SIGNATURE						
signa	ature constitutes an undertaking by the issue	ned by the undersitue it duly authorized person. If this er to furnish to the U.S. Securities and Exchange Comaccredited investor pursuant to paragraph (b)(2) of Ru	mmiss	sion, upon v	under Ri written 1	ule 50 reque:	)5, the for	following staff, the
ACC	er (Print or Type) CRETE ENERGY INC.	The state of the s	Date June 2	27, 2005				
	ne of Signer (Print or Type)  Dalton	Title of Signer (Print or Type) Vice President – Finance & CFO						

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
		Yes	No
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?		$\boxtimes$
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice CFR 239.500) at such times as required by state law.	ice on F	Form D (17
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished to offerees.	by the is	ssuer to
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Unit Offering Exemption (ULOE) of the state in which this notice is filed and understand that the issuer claiming the availability of the burden of establishing that these conditions have been satisfied.		
	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf b ly authorized person.	y the ui	ndersigned
	uer (Print or Type)  CCRETE ENERGY INC.  Signature  June 27, 2005		

Signature	Date June 27, 2005	
Title of Signer (Print or Type)		
		Title of Signer (Print or Type)  June 27, 2005

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1		2	3	3 4							
	to non-a investor	ed to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
AL											
AK											
AZ											
AR											
CA											
СО											
СТ											
DE											
DC											
FL											
GA											
HI											
ID											
IL											
IN											
IA											
KS								-			
KY											
LA											
ME											
MD											
MA											
MI											
MN											
MS											
МО											
MT											

# APPENDIX

1		2	3		5				
	to non-a investor	ed to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					ification ate ULOE , attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NE				<u>-</u>					
NV									
NH			-						
NJ	*,0			<del></del>			<u> </u>		
NM			-						
NY									
NC								_	
ND				<del></del>			<del></del>		
ОН									
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX		X	Common Shares	1	232,000				X
UT									
VT									
VA									
WA									
WV									
WI							***************************************		
WY									
PR									